

3. FUNCTIONAL MATRIX

The Functional Matrix identifies the data elements that support each of the Prototype functions.

The Functional Matrix is divided by function and is further divided into subfunctions. Data elements needed to support each function and subfunction are listed in alphabetical order. The subfunctions that the data elements support are denoted by a check (✓). The criteria used to determine what data elements should be considered as necessary for each function and subfunction are the same criteria used for the Functional Matrix included with the Integrated Data Set (IDS). These criteria are described below.

- If data elements may be used to support more than one function or subfunction or to provide information throughout the service delivery process, they are shown only for the first function for which they are needed. Exceptions to this general rule occur when subfunctions may not always be needed. For example, investigation of reports of abuse or neglect will not be needed if the family is voluntarily seeking assistance with ongoing problems. Instead the worker would conduct an assessment.

Consequently the Intake Management Matrix shows some data elements as necessary for both the investigation and assessment subfunctions.

- If data elements are essential in revising records about an individual periodically as required by regulation (not just on an as needed basis for data elements such as address or phone number), such as for both initial eligibility determination and for determining changes in eligibility (Eligibility Matrix), they are shown as necessary for both of those subfunctions.
- If data elements are required for two discrete purposes that do not build on previous functions, such as for achieving required interfaces and optional interfaces, they are shown as necessary for both of those subfunctions.
- Where subfunctions require the repetition of many data elements that have been included under previous subfunctions, the matrix makes note of the fact that many previously identified data elements support that subfunction, but the

matrix does not repeat those data elements (e.g., the reporting subfunction in the Administration matrix which includes all of the data elements required for AFCARS and NCANDS).

- Where subfunctions relate to system security features or office automation features, but do not require additional data elements, the matrix makes note of that (e.g., the administrative support function in the Administration Matrix).

This Functional Matrix has been updated to correspond to the design of the Prototype System.

It does **not** show how the data elements support case flow, which varies from State to State.

For example, screening and assessment of service needs may occur at different points in the service delivery process, but they are grouped together functionally as part of intake management.

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT

Data Element Name	Intake	Screening	Investigation	Assessment
Address (Mail)	√			
Address (Residence)	√			
Age	√			
A. K. A. Name	√			
Alcohol Abuse			√	
Allegation		√		
Alleged Perpetrator		√		
Arrested Last Six Months				√
Attending Program (Substance Abuse)				√
Case Open Date		√		
Case Open Reason		√		
Case Worker		√		
Case Worker ID		√		
Caseload Type		√		
Children Abused Last Six Months				√
Children Currently in Placement				√
Chronic/Acute Condition				√
Child ID	√			
Client A.K.A.	√			
Client ID	√			
Client Problems (Other)				√
Collateral Person Contact			√	√
Collateral Person Name	√			
Convicted Last Six Months				√
County of Report	√			
County of Residence	√			
Criminal Charges Filed			√	
Current Probation or Parole				√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT
(CONT)

Data Element Name	Intake	Screening	Investigation	Assessment
Current Untreated Health Condition				√
Currently Incarcerated				√
Date of Birth	√			
Date/Time of Report		√		
Death of Parent(s)	√			
Diagnosed Condition (Mental Health)				√
Disability				√
Drug Abuse			√	
Enrolled in Program (Substance Abuse)				√
Family ID	√			
Family Member Relationships	√			
Family Name (Last)	√			
Family Violence Last Six Months				√
Gang Involvement				√
Grade				√
Hispanic Origin	√			
Immunizations Current				√
In School				√
Income Level				√
Income/Need				√
Language (Primary)	√			
Language (Secondary)	√			
Last Check Up				√
Legal Status			√	√
Likely Graduation Date				√
Local Agency (FIPS Code)	√			
Maltreatment Date			√	

Maltreatment Death			√	
--------------------	--	--	---	--

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT
(CONT)

Data Element Name	Intake	Screening	Investigation	Assessment
Maltreatment Disposition Level			√	
Maltreatment Type			√	
Mandated Reporter		√		
Marital Status	√			
Medication Type				√
Military Family Member		√		
Military Member		√		
Name (Primary)	√			
Notifications			√	
On Medication				√
Opened (Case)		√		
Parental Rights Termination (Father)		√		
Parental Rights Termination (Mother)		√		
Parenting Skills				√
Perpetrator as a Caretaker			√	
Perpetrator ID			√	
Perpetrator Maltreatment			√	
Perpetrator Prior Abuser			√	
Perpetrator Relationship			√	
Phone Number(s)	√			
Phone Number Type	√			
Primary Allegation		√		
Primary Phone	√			
Primary Staff Assigned		√		
Prior Victim		√		
Priority Response Type		√		
Priority Approved by		√		

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT
(CONT)

Data Element Name	Intake	Screening	Investigation	Assessment
Priority Date/Time		√		
Provider Type (Mental Health)				√
Race	√			
Receiving Medication (for Mental Health)				√
Receiving Services (for Mental Health)				√
Record Number	√			
Referral Date/Time	√			
Referral Name	√			
Referral Taken by	√			
Regular Source of Dental Care				√
Regular Source of Health Services				√
Report Date	√			
Report Disposition			√	
Report Disposition Date			√	
Report ID	√			
Report Taken by	√			
Report Type (Source)	√			
Reporter Feedback Date			√	
Reporter Feedback Required			√	
Reporter Status	√			
Reporter Type	√			
School Name				√
Sex	√			
Social Security Number	√			
Sources of Federal Support/Assistance for Child	√			
State	√			

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTAKE MANAGEMENT
(CONT)

State of Birth	√			
Status	√			
Untreated Dental Condition				√
Year of Birth	√			

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - ELIGIBILITY

Data Element Name	Initial Eligibility Determination	Changes in Eligibility
AFDC Case Status	√	√
AFDC Grant Amount	√	√
Completion Date		√
Date Subsidy Began	√	
Date Subsidy Will Cease	√	
Date of Title IV-E Foster Care Status	√	√
Disability	√	
Effective Date	√	√
Eligibility Effective Date	√	√
Eligibility - Meets Requirements	√	√
Eligibility (Program)	√	√
Income Level	√	√
Income/Need	√	√
Legal Status	√	√
Medicaid Case Status	√	√
Monthly Amount	√	√
Monthly Subsidy (Is Child Receiving a Monthly Subsidy?)	√	√
Other Sources of Financial Support	√	√
Primary Basis	√	
Reference Numbers	√	√
Source(s) of Federal Support/Assistance for Child	√	√
Sources of Financial Support (Other)	√	√
SSI Eligibility	√	√
Title IV-E Status	√	√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - CASE MANAGEMENT

Data Element Name	Case Plan	Case Review	Monitoring Case Plan Svcs
Activities	√		
Age (When Previous Adoption Legalized)	√		
Amount of Support	√		
Case Close Date	√		
Case Close Reason	√	√	
Case Plan Date	√		
Case Plan Goal (Most Recent)	√		
Case Plan Goal Date	√		
Case Plan Objective(s)	√		
Case Plan Objective Date	√		
Child (Ever Adopted)?	√		
Court Action Initiated	√		
Court Order for Support	√		
Date Adoption Legalized	√		
Date Child Was Discharged From last Foster Care Episode (If Applicable)	√		
Date of Adoptive Placement	√		
Date of Discharge From Foster Care	√		
Date of First Removal From Home	√		
Date of Latest Assessment	√		
Date of Latest Removal From Home	√		
Date of Most Recent Periodic Review		√	
Date of Placement in Current Foster Care Setting	√		
Disposition Date	√		
Hearing Outcome	√		
Mother Married (At Time of Child's Birth)	√		

**DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - CASE MANAGEMENT
(CONT)**

Data Element Name	Case Plan	Case Review	Monitoring Case Plan Svcs
Number of Previous Placement Settings During This Removal Episode	√		
Parent/Guardian Review of Case Plan	√		
Placed By (Child)	√		
Placed From (Child)	√		
Placement (Out of State)	√		
Previous Adoptive Placement	√		
Reason for Changes in Case Plan Goal		√	
Reason for Opening (Case)	√	√	
Reason for Discharge	√	√	
Reason for Placement Changes		√	
Reason for Removal	√	√	
Relationship to Adoptive Parents	√		
Removal Date	√		
Removal From Home (Manner of)	√		
Residence at Time of Child's Birth	√		
Service			√
Service Date			√
Service Duration			√
Service Reason			√
Services Planned			√
Sibling Group Adopted Together	√		
Siblings in Substitute Care	√		
Special Needs	√		
State Agency Involvement (In Adoption)	√		
Termination Date	√		

Total Number of Removals From Home to Date		√	
--	--	---	--

***DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - CASE MANAGEMENT
(CONT)***

Transaction Date (Date of Discharge From Foster Care)		√	
Transaction Date (Date of Latest Removal From Home)		√	

**DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - RESOURCE
MANAGEMENT**

Data Element Name	Facilities Supt.	Foster/Adopt. Home Supt.	Resource Directory	Contract Support
Address (Mail)	√			
Address (Residence)	√			
Capacity		√		
Care Provider Name(s)	√			
Cost Per Unit of Service				√
Effective Date Contract Ends				√
Effective Date of Contract Modification				√
Effective Date of Contract Start				√
Facility Name	√	√	√	√
Facility Type		√		
Hispanic Origin			√	
Language (Primary)	√			
Language (Secondary)	√			
License	√			
License Date	√			
Maximum (Max) Age		√		
Minimum (Min) Age		√		
Phone Numbers	√			
Provider Name	√			
Provider Per Diem				√
Race			√	

Service Offered by Provider				√
-----------------------------	--	--	--	---

***DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - RESOURCE MANAGEMENT
(CONT)***

Data Element Name	Facilities Supt.	Foster/Adopt. Home Supt.	Resource Directory	Contract Support
Service Provider Eligibility Requirements			√	
Sex			√	
Social Security Number	√			
Training Date		√		
Type of Training		√		
Unit of Purchased Service				√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - COURT PROCESSING

Data Element Name	Court Documents	Notifications	Tracking	Indian Child Welfare Act
Address (Mail)	√			
Address (Residence)	√			
Attorney Name for Selected Hearing	√			
Court Case Number	√			
Court Division	√			
Court Name	√			
Court Petition	√			
Court Type	√			
Hearing Outcome			√	
Hearing Type	√			
Hearings for Selected Court Held			√	
Hearings for Selected Court Scheduled		√		
Judge's Name	√			
Last Hearing			√	
Next Hearing		√		
Percent Tribal Affiliation				√
Petition Date	√			
Phone Number(s)	√			
Title IV-E Agreement With Tribe				√
Tribal Affiliation				√

***DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - FINANCIAL
MANAGEMENT***

Data Element Name	Accounts Payable	Accounts Receivable
Amount of Monthly Foster Care Payment		√
Amount of Overpayment		√
Overpayment Received		√
Overpayment Received Date		√
Payment	√	
Payment Authorization	√	
Provider Payment Date	√	
Payment Received		√
Payment Received Date		√
Service Date	√	
Service Duration	√	
Type of Payment Received		√

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - ADMINISTRATION

Data Element Name	Staff Management	Reporting*	Administrative Support**
Address	√		
Beeper Number	√		
Case Worker	√		
Case Worker ID	√		
Caseload Type	√		
Date of Case Assignment	√		
Facsimile (Fax) Number	√		
Phone Number(s)	√		
Removed From Home		√	
Report Period Ending Date		√	
Staff ID	√		
Staff Speciality	√		
Submission Year		√	
Training (Date of)	√		
Type of Training	√		
Work Due	√	√	

* All of the data elements required to provide AFCARS and NCANDS reports would be listed in this column, as well as any additional elements that States consider necessary for the type of reports they want to produce. The list includes many of the data elements identified earlier in this document, and will not be repeated here.

** Administrative support includes hardware and software security. Security is assured by the operator ID, such as the case worker ID. Other types of administrative support, such as archiving and purging, and office automation, do not require special data elements other than an ID.

DATA ELEMENTS BY FUNCTIONAL REQUIREMENTS - INTERFACES

Data Element Name	Required Interfaces	Optional Interfaces
A.K.A. Name	√	√
Address (Mail)	√	√
Address (Residence)	√	√
Phone Number(s)	√	√
Phone Number Type	√	√
Social Security Number	√	√
Reference Numbers (e.g., Medicaid, AFDC)	√	√